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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	PR60416USW
		Application Number	10/595,892
Title of Invention	AMINOPHENYLCYCLOPROPYLCARBOXYLIC ACIDS AND DERIVATIVES AS AGONISTS TO GPR40		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	DAVID	FRANCIS	CORBETT	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Harlow, Essex	Country Of Residence i	GB	
Citizenship under 37 CFR 1.41(b) i GB				
Mailing Address of Applicant:				
Address 1	c/o GlaxoSmithKline, Global Patents			
Address 2	Five Moore Drive, P.O. Box 13398			
City	Research Triangle Park	State/Province	NC	
Postal Code	27709-3398	Country i	US	
Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	KATE	ANNA	DWORNIK	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Durham	State/Province	NC	Country of Residence i US
Citizenship under 37 CFR 1.41(b) i US				
Mailing Address of Applicant:				
Address 1	c/o GlaxoSmithKline, Global Patents			
Address 2	Five Moore Drive, P.O. Box 13398			
City	Research Triangle Park	State/Province	NC	
Postal Code	27709-3398	Country i	US	
Applicant 3				
Applicant Authority <input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	DULCE	MARIA	GARRIDO	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Durham	State/Province	NC	Country of Residence i US

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Address 1		c/o GlaxoSmithKline, Global Patents				
Address 2		Five Moore Drive, P.O. Box 13398				
City	Research Triangle Park		State/Province	NC		
Postal Code	27709-3398		Country	US		
Applicant 4						
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118		
Prefix	Given Name		Middle Name	Family Name		Suffix
	STEPHEN		CARL	MCKEOWN		
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service						
City	Hitchin		Country Of Residence i	GB		
Citizenship under 37 CFR 1.41(b) i		GB				
Mailing Address of Applicant:						
Address 1		c/o GlaxoSmithKline, Global Patents				
Address 2		Five Moore Drive, P.O. Box 13398				
City	Research Triangle Park		State/Province	NC		
Postal Code	27709-3398		Country	US		
Applicant 5						
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118		
Prefix	Given Name		Middle Name	Family Name		Suffix
	WENDY		YOON	MILLS		
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service						
City	Durham		State/Province	NC	Country of Residence i	US
Citizenship under 37 CFR 1.41(b) i		US				
Mailing Address of Applicant:						
Address 1		c/o GlaxoSmithKline, Global Patents				
Address 2		Five Moore Drive, P.O. Box 13398				
City	Research Triangle Park		State/Province	NC		
Postal Code	27709-3398		Country	US		
Applicant 6						
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118		
Prefix	Given Name		Middle Name	Family Name		Suffix
	ANDREW		JAMES	PEAT		
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service						
City	Durham		State/Province	NC	Country of Residence i	US
Citizenship under 37 CFR 1.41(b) i		US				

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Address 2		Five Moore Drive, P.O. Box 13398		
City	Research Triangle Park		State/Province	NC
Postal Code	27709-3398		Country	US
Applicant 7				
Applicant Authority		<input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name		Middle Name	Family Name
	TERRENCE		LEE	SMALLEY, JR.
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Durham	State/Province	NC	Country of Residence
Citizenship under 37 CFR 1.41(b)	i US			
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Address 2		Five Moore Drive, P.O. Box 13398		
City	Research Triangle Park		State/Province	NC
Postal Code	27709-3398		Country	US
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button. <input type="button" value="Add"/>				

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).			
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.			
Customer Number	23347		
Email Address	USCIPRTP@GSK.COM	<input type="button" value="Add Email"/>	<input type="button" value="Remove Email"/>

Application Information:

Title of the Invention		AMINOPHENYLCYCLOPROPYLCARBOXYLIC ACIDS AND DERIVATIVES AS AGONISTS TO GPR40		
Attorney Docket Number		PR60416USW	Small Entity Status Claimed <input type="checkbox"/>	
Application Type		Nonprovisional		
Subject Matter		Utility		
Suggested Class (if any)		Sub Class (if any)		
Suggested Technology Center (if any)				
Total Number of Drawing Sheets (if any)			Suggested Figure for Publication (if any)	

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Publication Information:

Request Early Publication (Fee required at time of Request 37 CFR 1.219)

Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number			

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status	Expired	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
10/595892	a 371 of international	PCT/US04/38126	2004-11-15
Prior Application Status	Expired	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
10/595892	non provisional of	60/523532	2003-11-19

Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

<input type="button" value="Remove"/>			
Application Number	Country	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="radio"/> Yes <input type="radio"/> No

Additional Foreign Priority Data may be generated within this form by selecting the Add button.

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Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here.

Organization Name	GLAXOSMITHKLINE LLC
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Mailing Address Information:

Address 1	One Franklin Plaza		
Address 2	200 North 16th Street		
City	Philadelphia	State/Province	PA
Country ⁱ	US	Postal Code	19102
Phone Number	(919) 483-2370	Fax Number	(919) 483-7977
Email Address			

Additional Assignee Data may be generated within this form by selecting the Add button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature		Date (YYYY-MM-DD)	2010-10-08
First Name	Bonnie	Last Name	Deppenbrock
		Registration Number	28209

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**